

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 6  
FOR SE OF FORM 24/48

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| NAME OF COMMITTEE (In Full)<br><b>CREDO SUPERPAC</b>   |  |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00507517  |   |  |
| Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> |  |  |  |   |  |
| Full Name (Last, First, Middle Initial) of Payee<br><b>Lee R. Anderson</b>   |  |  | Date<br><span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span><br><b>08 / 16 / 2012</b> |   |  |
| Mailing Address 400 Massachusetts Ave, NW<br>Suite 125   |  |  | Amount<br><span style="border: 1px solid black; padding: 2px;">1075.00</span>  |   |  |
| City Washington State DC Zip Code 20016  |  | Transaction ID : <b>SE.7232</b>  |  |   |  |
| Purpose of Expenditure<br>Strategic Consulting   |  | Category/<br>Type <span style="border: 1px solid black; padding: 2px;"> </span>        |  | Office Sought: <input checked="" type="checkbox"/> House State: <b>FL</b><br><input type="checkbox"/> Senate District: <b>18</b><br><input type="checkbox"/> President  |  |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br><b>ALLEN B MR. WEST</b>  |  | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose |  |   |  |
| Calendar Year-To-Date Per Election<br>for Office Sought <span style="border: 1px solid black; padding: 2px;">1075.00</span>  |  |  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2012 <input type="checkbox"/> Other (specify) <span style="border: 1px solid black; padding: 2px;"> </span>                                |   |  |
| Full Name (Last, First, Middle Initial) of Payee<br><b>Lee R. Anderson</b>   |  |  | Date<br><span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span><br><b>09 / 06 / 2012</b> |   |  |
| Mailing Address 400 Massachusetts Ave, NW<br>Suite 125   |  |  | Amount<br><span style="border: 1px solid black; padding: 2px;">1075.00</span>  |   |  |
| City Washington State DC Zip Code 20016  |  | Transaction ID : <b>SE.7241</b>  |  |   |  |
| Purpose of Expenditure<br>Strategic Consulting   |  | Category/<br>Type <span style="border: 1px solid black; padding: 2px;"> </span>        |  | Office Sought: <input checked="" type="checkbox"/> House State: <b>FL</b><br><input type="checkbox"/> Senate District: <b>18</b><br><input type="checkbox"/> President  |  |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br><b>ALLEN B MR. WEST</b>  |  | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose |  |   |  |
| Calendar Year-To-Date Per Election<br>for Office Sought <span style="border: 1px solid black; padding: 2px;">7176.71</span>  |  |  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2012 <input type="checkbox"/> Other (specify) <span style="border: 1px solid black; padding: 2px;"> </span>                                |   |  |
| (a) SUBTOTAL of Itemized Independent Expenditures.....   |  |  | <span style="border: 1px solid black; padding: 2px;">2150.00</span>  |   |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures .....  |  |  | <span style="border: 1px solid black; padding: 2px;"> </span>  |   |  |
| (c) TOTAL Independent Expenditures.....  |  |  | <span style="border: 1px solid black; padding: 2px;"> </span>  |   |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  |  |  |  |   |  |
| Signature <u>Becky Bond</u>  |  | [Electronically Filed]   |  | Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span><br><b>09 / 14 / 2012</b> |  |

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

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FOR SE OF FORM 24/48

|  |  |   |  |
|--|--|---|--|
| NAME OF COMMITTEE (In Full)<br><b>CREDO SUPERPAC</b>   |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00507517 |  |
| Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  | M M M / D D D / Y Y Y Y Y Y                       |  |

  

|   |                   |  |                                 |
|---|-------------------|--|---------------------------------|
| Full Name (Last, First, Middle Initial) of Payee<br><b>Credo Mobile</b>                   |                   | Date<br>M M M / D D D / Y Y Y Y Y Y<br><b>08 / 30 / 2012</b>   |                                 |
| Mailing Address 101 Market Street<br>Suite 700  |                   | Amount<br><b>2026.71</b>   |                                 |
| City<br>San Francisco   | State<br>CA       | Zip Code<br>94105  | Transaction ID : <b>SE.7240</b> |
| Purpose of Expenditure<br>Phones  | Category/<br>Type | Office Sought: <input checked="" type="checkbox"/> House State: <b>FL</b><br><input type="checkbox"/> Senate District: <b>18</b><br><input type="checkbox"/> President |                                 |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br><b>ALLEN B MR. WEST</b> |                   | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose   |                                 |
| Calendar Year-To-Date Per Election<br>for Office Sought <b>6101.71</b>                    |                   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2012 <input type="checkbox"/> Other (specify) ▶                      |                                 |

  

|   |                   |  |                                 |
|---|-------------------|--|---------------------------------|
| Full Name (Last, First, Middle Initial) of Payee<br><b>Andrew Gaydos</b>                  |                   | Date<br>M M M / D D D / Y Y Y Y Y Y<br><b>08 / 29 / 2012</b>   |                                 |
| Mailing Address 3701 Waters Edge Trail  |                   | Amount<br><b>625.00</b>  |                                 |
| City<br>Roswell   | State<br>GA       | Zip Code<br>30075  | Transaction ID : <b>SE.7234</b> |
| Purpose of Expenditure<br>Payroll   | Category/<br>Type | Office Sought: <input checked="" type="checkbox"/> House State: <b>FL</b><br><input type="checkbox"/> Senate District: <b>18</b><br><input type="checkbox"/> President |                                 |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br><b>ALLEN B MR. WEST</b> |                   | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose   |                                 |
| Calendar Year-To-Date Per Election<br>for Office Sought <b>1700.00</b>                    |                   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2012 <input type="checkbox"/> Other (specify) ▶                      |                                 |

  

|   |                |
|---|----------------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶    | <b>2651.71</b> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶ |                |
| (c) <b>TOTAL</b> Independent Expenditures.....▶                   |                |

  

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Becky Bond

[Electronically Filed]

Signature \_\_\_\_\_ Date M M M / D D D / Y Y Y Y Y Y  
**09 / 14 / 2012**

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 3 OF 6  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)  
**CREDO SUPERPAC**

FEC IDENTIFICATION NUMBER ▼

**C** C00507517

Check If ☐ 24-hour report ☒ 48-hour report

☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

**Andrew Gaydos**

Date

MM / DD / YYYY  
09 / 12 / 2012

Mailing Address 3701 Waters Edge Trail

Amount

625.00

City  
Roswell

State  
GA

Zip Code  
30075

Transaction ID : SE.7242

Purpose of Expenditure  
Payroll

Category/  
Type

Office Sought:

☒

House

State: FL

☐

Senate

District: 18

☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

ALLEN B MR. WEST

Calendar Year-To-Date Per Election  
for Office Sought

7801.71

Disbursement For: ☐ Primary ☒ General  
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

**Will Golden**

Date

MM / DD / YYYY  
08 / 29 / 2012

Mailing Address 301 N Thompson Dr

#8

Amount

625.00

City  
Madison

State  
WI

Zip Code  
53714

Transaction ID : SE.7236

Purpose of Expenditure  
Payroll

Category/  
Type

Office Sought:

☒

House

State: FL

☐

Senate

District: 18

☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

ALLEN B MR. WEST

Calendar Year-To-Date Per Election  
for Office Sought

3450.00

Disbursement For: ☐ Primary ☒ General  
2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

1250.00

(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶

(c) TOTAL Independent Expenditures..... ▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Becky Bond

[Electronically Filed]

Date

MM / DD / YYYY  
09 / 14 / 2012

Signature

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 4 OF 6  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)  
**CREDO SUPERPAC**

FEC IDENTIFICATION NUMBER ▼

**C** C00507517

Check If ☐ 24-hour report ☒ 48-hour report

☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

**Will Golden**

Date

MM / DD / YYYY  
09 / 12 / 2012

Mailing Address 301 N Thompson Dr  
#8

Amount

625.00

City State Zip Code  
Madison WI 53714

Transaction ID : SE.7244

Purpose of Expenditure  
Payroll

Category/  
Type

Office Sought: ☒ House State: FL  
☐ Senate District: 18  
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

ALLEN B MR. WEST

Check One: ☐ Support ☒ Oppose

Calendar Year-To-Date Per Election  
for Office Sought

9551.71

Disbursement For: ☐ Primary ☒ General  
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

**Impact Dialing**

Date

MM / DD / YYYY  
08 / 29 / 2012

Mailing Address 3543 19th Street

Amount

625.00

City State Zip Code  
San Francisco CA 94110

Transaction ID : SE.7239

Purpose of Expenditure  
Phones

Category/  
Type

Office Sought: ☒ House State: FL  
☐ Senate District: 18  
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

ALLEN B MR. WEST

Check One: ☐ Support ☒ Oppose

Calendar Year-To-Date Per Election  
for Office Sought

4075.00

Disbursement For: ☐ Primary ☒ General  
2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

1250.00

(b) SUBTOTAL of Unitemized Independent Expenditures .....▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Becky Bond

[Electronically Filed]

Date

MM / DD / YYYY  
09 / 14 / 2012

Signature

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 5 OF 6  
FOR SE OF FORM 24/48

|  |   |  |                                 |
|--|---|--|---------------------------------|
| NAME OF COMMITTEE (In Full)<br><b>CREDO SUPERPAC</b>   |   | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00507517  |                                 |
| Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> |   |  |                                 |
| Full Name (Last, First, Middle Initial) of Payee<br><b>Impact Dialing</b>  |   | Date<br><span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span><br><b>09 / 12 / 2012</b> |                                 |
| Mailing Address <b>3543 19th Street</b>  |   | Amount<br><span style="border: 1px solid black; padding: 2px;">125.00</span>   |                                 |
| City<br><b>San Francisco</b>   | State<br><b>CA</b>  | Zip Code<br><b>94110</b>   | Transaction ID : <b>SE.7245</b> |
| Purpose of Expenditure<br><b>Phones</b>  | Category/<br>Type <span style="border: 1px solid black; padding: 2px;"> </span> | Office Sought: <input checked="" type="checkbox"/> House State: <b>FL</b><br><input type="checkbox"/> Senate District: <b>18</b><br><input type="checkbox"/> President   |                                 |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br><b>ALLEN B MR. WEST</b>  |   | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose   |                                 |
| Calendar Year-To-Date Per Election<br>for Office Sought <span style="border: 1px solid black; padding: 2px;">9676.71</span>  |   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2012 <input type="checkbox"/> Other (specify) ▶  |                                 |
| Full Name (Last, First, Middle Initial) of Payee<br><b>Impact Dialing</b>  |   | Date<br><span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span><br><b>09 / 13 / 2012</b> |                                 |
| Mailing Address <b>3543 19th Street</b>  |   | Amount<br><span style="border: 1px solid black; padding: 2px;">625.00</span>   |                                 |
| City<br><b>San Francisco</b>   | State<br><b>CA</b>  | Zip Code<br><b>94110</b>   | Transaction ID : <b>SE.7246</b> |
| Purpose of Expenditure<br><b>Phones</b>  | Category/<br>Type <span style="border: 1px solid black; padding: 2px;"> </span> | Office Sought: <input checked="" type="checkbox"/> House State: <b>FL</b><br><input type="checkbox"/> Senate District: <b>18</b><br><input type="checkbox"/> President   |                                 |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br><b>ALLEN B MR. WEST</b>  |   | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose   |                                 |
| Calendar Year-To-Date Per Election<br>for Office Sought <span style="border: 1px solid black; padding: 2px;">10301.71</span>   |   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2012 <input type="checkbox"/> Other (specify) ▶  |                                 |
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶  |   | <span style="border: 1px solid black; padding: 2px;">750.00</span>   |                                 |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶   |   | <span style="border: 1px solid black; padding: 2px;"> </span>  |                                 |
| (c) <b>TOTAL</b> Independent Expenditures..... ▶   |   | <span style="border: 1px solid black; padding: 2px;"> </span>  |                                 |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  |   |  |                                 |
| Signature <u>Becky Bond</u>  |   | Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span><br><b>09 / 14 / 2012</b>    |                                 |
| [Electronically Filed]   |   |  |                                 |

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 6 OF 6  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)  
**CREDO SUPERPAC**

FEC IDENTIFICATION NUMBER ▼

**C** C00507517

Check If ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

**Matthew Keating**

Date

MM / DD / YYYY  
08 / 29 / 2012

Mailing Address 2486 Blackburn

Amount

1125.00

City State Zip Code  
Eugene OR 97405

Transaction ID : SE.7235

Purpose of Expenditure  
Payroll

Category/  
Type

Office Sought: ☒ House State: FL  
☐ Senate District: 18  
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

ALLEN B MR. WEST

Check One: ☐ Support ☒ Oppose

Calendar Year-To-Date Per Election  
for Office Sought

2825.00

Disbursement For: ☐ Primary ☒ General  
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

**Matthew Keating**

Date

MM / DD / YYYY  
09 / 12 / 2012

Mailing Address 2486 Blackburn

Amount

1125.00

City State Zip Code  
Eugene OR 97405

Transaction ID : SE.7243

Purpose of Expenditure  
Payroll

Category/  
Type

Office Sought: ☒ House State: FL  
☐ Senate District: 18  
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

ALLEN B MR. WEST

Check One: ☐ Support ☒ Oppose

Calendar Year-To-Date Per Election  
for Office Sought

8926.71

Disbursement For: ☐ Primary ☒ General  
2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

2250.00

(b) SUBTOTAL of Unitemized Independent Expenditures .....▶

(c) TOTAL Independent Expenditures.....▶

10301.71

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Becky Bond

[Electronically Filed]

Date

MM / DD / YYYY  
09 / 14 / 2012

Signature